





Dear Friends,

Our State's well being depends on the health of its people – all its people. Governor Jim Doyle and I are committed to improving the health of all Wisconsin residents through strong public health programs and improved access to affordable healthcare for everyone. One essential priority is addressing health disparities based on ethnic and racial differences.

I am pleased to present this report on *The Health of Racial and Ethnic Populations in Wisconsin*. It provides important information on the health status of various groups and highlights the serious and unacceptable health disparities that exist.

The facts are stark. For example, African-American babies are nearly three times as likely to die in their first year of life as are white babies. Ethnic and racial minorities experience rates of heart disease, infant mortality, cancer, childhood lead poisoning, asthma, diabetes, HIV infection, Hepatitis B, obesity, homicide, and other health conditions that are much worse than the rates for whites.

Many people of good will in state and local public health agencies, healthcare organizations, educational institutions, and community organizations have been working together to understand disparities and their contributing causes. We understand some of the factors that contribute to disparities – differences in social, economic, and environmental conditions; unhealthy lifestyles; and unequal access to healthcare. However, more research is needed to fully understand the causes and potential remedies for differences based on race and ethnicity.

The need for more research cannot, however, stand in the way of *action* now to reduce disparities through proven strategies to improve people's health. In his KidsFirst plan, Governor Doyle highlights many strategies to improve the health of children. These include, but are not limited to, strategies to prevent teen pregnancies, promote healthy pregnancies and births, provide more support and education to parents, and increase healthcare access for poor families and underserved populations. In addition, the Governor proposes that we target specific conditions, like childhood asthma and lead poisoning, which present particular risks for low income and ethnic minority populations. These initiatives will increase the opportunity for children of all backgrounds in our State to grow up safe, healthy, and successful.

The work to eliminate health disparities for children and adults must be a short-term priority and a long-term sustained commitment. We can point to some successful efforts – outreach screening and treatment of breast cancer, immunization of children, outreach to address sexually transmitted diseases, increased emphasis on linguistic and cultural competence to serve varying groups, and others. Yet it is painfully evident that we have a long way to go to overcome inequality in health and healthcare.

This report, *The Health of Racial and Ethnic Populations in Wisconsin*, can provide a platform to move beyond statistics, toward solutions. I thank the authors and many others who've provided information and advice so that the report accurately reflects the health status and concerns of minority populations in Wisconsin. The report will help guide us to implement proven strategies to eliminate disparities. Please join us in addressing this challenge.

Sincerely,

A handwritten signature in dark ink that reads "Helene Nelson".

Helene Nelson, Secretary

Contributors

The current report is the result of several years of data collection and analysis, content suggestions, and other contributions by the Department of Health and Family Services, the Wisconsin Public Health and Health Policy Institute, minority community representatives, and other state and local partners.

Denise Carty, Minority Health Officer, coordinated the writing and production of this report.

Staff in the Wisconsin Department of Health and Family Services, Bureau of Health Information, including Eleanor Cautley, Mary Foote, Karl Pearson, and Michael Soref, compiled Wisconsin mortality, morbidity, survey, and population data.

Health status report sections were completed under the direction of Division of Public Health Bureau / Office Directors: Jennifer Argelander, Herb Bostrom, Millie Jones, Terry Moen, Jonathan Morgan, Thomas Sieger, and Margaret Taylor; and Chief Medical / Dental Officers: Henry Anderson, M.D., Jeffrey Davis, M.D., Murray Katcher, M.D., Warren LeMay, D.D.S., and Peter Rumm, M.D.

Epidemiology staff and program managers in the Division of Public Health who contributed to this report included Marjorie Coons (Childhood Lead Poisoning); Randall Glysch (Injury Prevention); Neil Hoxie (HIV / AIDS); Daniel Hopfensperger (Immunization); Kate Kvale (MCH); Alan Locke (STDs); Chetna Mehrotra and Jennifer Ullsvik (Chronic Diseases); Nancy McKenney (Oral Health); Livia Navon (Asthma); Tanya Oemig (TB); Angela Russell (Hepatitis B and C); and Jeanette Tierney (Occupational Health).

Paul Peppard, Ph.D., and Patrick Remington, M.D., of the Wisconsin Public Health and Health Policy Institute at the University of Wisconsin-Madison performed statistical analyses of data and prepared most of the mortality and morbidity tables and graphs for this report.

Overall guidance for analysis and interpretation of statistical information was provided by Patricia Guhleman, Research Scientist, Bureau of Chronic Disease Prevention and Health Promotion, Division of Public Health.

Student support in compiling U.S. Census information was provided by Priti Bandi of the University of Wisconsin-Madison Medical School, Department of Population Health Sciences.

The Minority Health Program also extends its heartfelt gratitude to the members of the Minority Health Report Community Advisory Group who articulated community health concerns and provided extensive feedback and suggestions for the current report. A list of advisory group participants is included in Appendix I.

Foreword

Community members, public and private organizations, state and local public health staff, policymakers, and minority health advocates have expressed a need for improved data and information on minority health and health disparities in Wisconsin. In response, *The Health of Racial and Ethnic Populations in Wisconsin: 1996–2000* provides comprehensive and reliable data and information on the health of African American, American Indian, Asian, and Hispanic/Latino populations in the state. The report compares health status across all racial/ethnic groups in an easy-to-read format of bullets, charts, and tables.

This report includes data on population size and growth; social and economic characteristics; leading causes of diseases and deaths; behavioral health risks; and access to healthcare for each of these racial/ethnic minority groups. The report also provides background information on minority health and strategies to reduce racial/ethnic health disparities.

The goals of this report are to:

- Increase awareness and understanding of minority health and racial/ethnic health disparities.
- Provide baseline health data on racial/ethnic populations in Wisconsin.
- Monitor progress toward the statewide goal to eliminate health disparities.
- Assist in the development of initiatives related to improving the health of racial/ethnic minority populations in Wisconsin.

The findings in this report are limited by gaps in data on racial/ethnic minority populations at both the state and national level. While such gaps remain, this report attempts to use the best sources of available data to provide reliable information and analysis on health status and health disparities between racial and ethnic groups.

Overall, this report emphasizes that:

- Comprehensive statistical data on health status and related factors is needed to adequately examine and understand health in racial/ethnic minority populations.
- Racial/ethnic minority groups in Wisconsin experience many significant health status disparities compared to non-Hispanic whites.
- Successfully eliminating racial/ethnic health disparities will require addressing underlying factors such as improving social and economic conditions and ensuring equal access to quality healthcare.

This publication is intended for a variety of audiences and serves to increase readers' awareness and understanding of minority health and health disparities in Wisconsin. Readers can obtain a snapshot of the most significant health outcomes and health disparities in each racial/ethnic group in the "Introduction and Key Findings" section. Medical and public health professionals can peruse the reference tables in Appendix III for detailed data by race, ethnicity, and age. Public health system partners can link the data in this report to *Healthiest Wisconsin 2010* goals for public health improvement and the elimination of health disparities. Health program planners and policymakers



Foreword

can be informed of the recommendations that were offered at the Minority Health “Call-to-Action” Forum (April 2003) as priorities and strategies to eliminate racial/ethnic health disparities in Wisconsin.

As Wisconsin’s communities become increasingly more diverse, the future health of all Wisconsin residents will be influenced by our success in eliminating health disparities across racial and ethnic minority groups. Elimination of racial/ethnic health disparities in Wisconsin will require sustained commitment and resources from multiple stakeholders in the community, government, private, non-profit, healthcare, and business sectors.

This report is available on the Department of Health and Family Services website at <http://dhfs.wisconsin.gov/health/minorityhealth>.

Comments, suggestions, and requests for additional information may be addressed to:

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